MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8312)

0726

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent & Queen Ann Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mollie Allen

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1869

8. AGE: Years 70 | Months 2 | Days 25 | If less than one day — hrs. — min.

9. Birthplace Newcastle County, Delaware
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business —

FATHER
12. Name William Allen
13. Birthplace Newcastle County Delaware

MOTHER
14. Maiden name Susie Cranior
15. Birthplace Lancaster Co. Penn.

16. Informant William Allen - Brother

Address Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-40 (month) (day) (year)

Cemetery or crematory Millington Cemetery

Location Millington Kent Co. Md

18. Funeral director Ralph H Usilton, Inc

Address By J Willis Wells Chestertown, Md

19. Jan. 6, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940, at 8 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-30 1939, to 1-4 1940, and that I last saw her alive on 1-4-40 19

Immediate cause of death: Intracranial hemorrhage (cerebral) — DURATION 12-30-39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert W Fare M. D. ~~or other~~

Address Chestertown Md Date signed 1-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-C)

CERTIFICATE OF DEATH

0727

Reg. Dist. No. 701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Kent

City or town Still Pond

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Still Pond Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Caspar Bowers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

B (b) Name of husband or wife Mary E Bowers

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 1852

8. AGE: Years 87 | Months 5 | Days 17 | If less than one day ____ hrs. ____ min.

8. Birthplace Richmond Virginia
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name unknown

FATHER 13. Birthplace Richmond Virginia

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace Richmond Virginia

16. Informant Anna Bowers

Address Still Pond Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26/40 (month) (day) (year)

Cemetery or crematory Still Pond

Location Still Pond

18. Funeral director B K Fellows

Address Still Pond Md

19. Jan 26 1940 (Date rec'd by registrar) J H Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 1145 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20th 1940, to Jan 23rd 1940, and that I last saw him alive on Jan 23rd 1940

Immediate cause of death	DURATION
Paralysis Agitans	
Due to	
Due to	
Other conditions Arterial Sclerosis.	

(Include pregnancy within 3 months of death)

Major findings:

0f operations

0f autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other

Address Still Pond Date signed 1-24-40

RECEIVED
FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

CERTIFICATE OF DEATH

0728

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Galena
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 54 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Galena Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: F. Keith Cochran

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Nellie McCauley Cochran
6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Feb. 28 1885

8. AGE:

Years	Months	Days	If less than one day
54	10	23	hrs. min.

9. Birthplace: Galena Kent Co. Md.
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: Frank Pine Cochran
13. Birthplace: Middletown Del.
MOTHER 14. Maiden name: Mary Keith McGraw
15. Birthplace: Alexandria Va.
16. Informant: Mrs. Nellie M. Cochran
Address: Galena, Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 23. 1940 (month) (day) (year)
Cemetery or crematory: Galena
Location: Galena
18. Funeral director: Marvin L. Williams
Address: Chestertown Maryland.
19. Jan 23 1940 (Date rec'd by registrar) Ella Lee Jones Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 20 1940, at 820 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 1940, to Jan. 20, 1940, and that I last saw him alive on Jan. 20, 1940

Immediate cause of death	DURATION
Cardiac Decompensation	?
Due to Chronic Endocarditis and Myocarditis	?
Due to	
Other conditions Chronic Alcoholism	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. Emerson Houck, M.D.
M. D. or other
Address: Galena, Md. Date signed 1/22/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

0729

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Chesterville R.F.D. Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Millington R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Washington Dwyer.

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Emma Dwyer

B(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1858

8. AGE: Years 82 Months Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Chestertown Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name Thomas Dwyer
13. Birthplace Chestertown Md.

MOTHER
14. Maiden name Mary Hyder
15. Birthplace England.

16. Informant Mr John T Dwyer.
Address Millington Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 17 40 (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown Md.

18. Funeral director B R Fellows

Address Millington Md

19. Jan. 17 — 1940 Merritt Brice Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 15 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death Cardiac Trouble

Due to Pneumonia (Pneumonia) Broncho-pneumonia. Two weeks duration.

Due to Swan Cold

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Stack M. D. or other

Address Gumpton Md Date signed Jan 15/40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01151

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Chesapeake Bay
County Kent
City or town Body found on Bay shore
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: NEAR WORTON, Md.
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn, give residence of mother)
State Maryland County Cecil
City or town Perry Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Veterans Bureau (If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Dozier C. Francis U.S. Soc. Claim 2043962

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced unknown

6 (b) Name of husband or wife unknown

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 48 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation unknown

11. Industry or business unknown

FATHER 12. Name unknown

FATHER 13. Birthplace unknown

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace unknown

16. Informant Veterans Bureau
Address Fort McHenry Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 10 1940 (month) (day) (year)

Cemetery or crematory Chester Mem.

Location Chestertown maryland

18. Funeral director Ralph H. Arsilton Inc.

Address by J. Willis Wells Chestertown

19. April 10, 1940 (Date rec'd by registrar) Alice C. Smack Registrar

MEDICAL CERTIFICATION

April 2, 1940

20. DATE OF DEATH ____ 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____ to ____ 19____, and that I last saw ____ alive on ____ 19____

Immediate cause of death Probable Drowning

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 8 months of death)

DURATION

Major findings:

Of operations 0

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Probable accident Date of ____

Where did injury occur? Body found on Bay shore (County) Kent (State)

(Specific place) Chestertown Bay (Town)

Means of injury ____ Injured at work?

23. Signature Frank Hugo M.D. Attending Physician.

Address Chestertown Md M. D. or other

Date signed 4/10/40

Authorization change place of residence see letter filed under
Wise in permanent file. 7/9/40

RECEIVED
MAY 1 1940
BUREAU V. R.

Simpers 0730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Norton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Norton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha Virginia Geiser

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced married.

6 (b) Name of husband or ~~wife~~ Charles Geiser

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Mar. 17 1880

8. AGE: Years 59 Months 10 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Kent County (Town, county, and state)

10. Usual occupation Paper Hanger

11. Industry or business Paper Hanging

FATHER

12. Name Larence Meehans

13. Birthplace Kent Co

MOTHER

14. Maiden name unknown

15. Birthplace Kent Co.

16. Informent Carry Belle Patrick

Address Norton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 1940 (month) (day) (year)

Cemetery or crematory Union Cemetery

Location near Norton Md

18. Funeral director B R Tillows

Address Still Pond Md

19. Jan 23 1940 (Date rec'd by registrar) J M Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 1245 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 20 1940, and that I last saw her alive on Jan 20 1940.

Immediate cause of death Mitral regurgitation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 2 1

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H G Simpers M. D. or other

Address Chestertown Date signed 1-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

T

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-20)

CERTIFICATE OF DEATH

0731

Reg. Diat. No. 701

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Hooton Md Rural Colemans
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Colemans R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Givens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21. 1940.

8. AGE: Years — Months — Days — If less than one day 7 hrs. min.

9. Birthplace R F D Colemans Hooton md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leonard Hueston

FATHER 13. Birthplace Chestertown md

MOTHER 14. Maiden name Celia Givens.

MOTHER 15. Birthplace Colemans.

16. Informant Rhoda Givens

Address Colemans

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22/40 (month) (day) (year)

Cemetery or crematory Colemans

Location Colemans

18. Funeral director B R Fellows

Address Still Pond md.

19 Jan 22 1940 (Date rec'd by registrar) J M Cloth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to Jan 21 1940, and that I last saw him alive on Jan 21st 1940

Immediate cause of death	DURATION
Congenital Malformation of heart. Heart failure 3 days	6 hours.
Due to	
Due to	
Other conditions Immediate Birth.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. P. Atwell
M. D. or other

Address Still Pond Date signed 1-22-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-P)

CERTIFICATE OF DEATH

65 yrs. 0732

Reg. Dist. No. 202.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 416 Cabot St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 61 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 416 Cabot St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Henrietta Goulden

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife: late Charles Henry Goulden

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): August 7 1878

8. AGE:

Years	Months	Days	If less than one day
61	4	25	____ hrs. ____ min.

9. Birthplace: Rock Hall, Kent Co. Md.
(Town, county, and state)

10. Usual occupation: housekeeping

11. Industry or business: home

FATHER
12. Name: Thomas Hopkins
13. Birthplace: Rock Hall, Maryland

MOTHER
14. Maiden name: Rebecca Silkman
15. Birthplace: Rock Hall, Maryland

16. Informant: Charles Henry Goulden
Address: 416 Cabot St. Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4, 40 (month) (day) (year)

Cemetery or crematory: Edesville Cemetery

Location: Edesville Near Rock Hall, Maryland.

18. Funeral director: Marvin C. Williams

Address: Chestertown Maryland.

19. Jan. 3, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1940, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1939, to Jan 1st 1940, and that I last saw h-- alive on Dec 31 1939.

	DURATION
Immediate cause of death: Valvular heart disease and chronic nephritis	11 mo
Due to	
Due to: probable bacterial	
Other conditions: Toxic nodular goiter (goiters)	2 to 3 yrs.
(Include pregnancy within 3 months of death)	

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. Jos. Richmond
M. D. or other

Address: Chestertown, Md. Date signed: 1/3, '40

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

0733

Reg. Dist. No. 203

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Grays Inn
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Grays Inn
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George L. Grine

3. (b) Social Security Number: NONE

4. Sex: male
5. Color or race: wh.
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Clara Grine
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 9 1851

8. AGE: Years 88 | Months 7 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Pittsburg, Pa
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: glassblower

FATHER
12. Name: Adam Grine
13. Birthplace: Germany

MOTHER
14. Maiden name: Laura Dietrich
15. Birthplace: Germany

16. Informant: Lou H. Grine
Address: Rock Hall, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan. 10 1940 (month) (day) (year)
Cemetery or crematory
Location: Saint Louis Mo.

18. Funeral director: Ralph H. Wilton Inc.
Address: Chestertown, Md.

19. Jan 7 1940 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 7 1940, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 7 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death: Old age
Gastritis
Due to
Due to
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Df operations
Df autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Albert A. Burgard M. D. or other
Address: Rock Hall Date signed: 1/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 17 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

CERTIFICATE OF DEATH

0734

Reg. Dist. No. 203

1. PLACE OF DEATH:
County: Near Rock Hall Md R.D.
City or town: (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): All Life
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall R.D.Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: John Thomas Hawkins, Jr.

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Nancy Hawkins
Dead
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 16.1864 June 1.1872
8. AGE: Years 65 (67) Months 8 (7) Days 4 (20) If less than one day ____ hrs. ____ min.
9. Birthplace: Kent County Md (Town, county, and atate)
10. Usual occupation: Laborer (Farm)
11. Industry or business: Farming
FATHER
12. Name: John Thomas Hawkins, Sr.
13. Birthplace: Kent County Md
MOTHER
14. Maiden name: Dont know
15. Birthplace: Kent County Md
16. Informant: Cordely Hawkins
Address: Rock Hall R.D.Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 22-1940 (month) (day) (year)
Cemetery or crematory: Sharptown Cem.
Location: Near Rock Hall
18. Funeral director: Asbury Henry
Address: Chestertown. Md
19. Jan. 22 1940 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan.20,1940 .Early morning 19 ____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend him. Investigated and signed certificate as Deputy Med. 19 ____ to 19 ____, and that I last saw h ____ alive, on 19 ____. Exam. for Kent Co. Md

Immediate cause of death: Organic Heart Disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: none

GURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: none Injured at work?

23. SIGNATURE: Frank Hines MD Deputy Med. Exam. Kent Co Md
M. D. or other
Address: Chestertown Md Date signed: 1.20 1940

RECEIVED
FEB 2 1940
BUREAU V. S.

0735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent

City or town Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Eliza Heine

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Henry Heine

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1855

8. AGE: Years 84 Months 10 Days 12 If less than one day hrs. min.

9. Birthplace St. Micheals Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Henry Ray
13. Birthplace Maryland

MOTHER
14. Maiden name Mary E. Stitchbury
15. Birthplace Maryland

16. Informant Mrs. O'Neill
Address Rock Hall

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 1 1940
(month) (day) (year)

Cemetery or crematory Westly Chapel

Location Rock Hall

18. Funeral director Wm. H. Good

Address Church Hill Md.

19. Feb. 1 1940 Mrs. N.B. Durding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1935, to Jan 29 1940, and that I last saw her alive on Jan 29 1940.

Immediate cause of death Septicemia from Retention of Urine

Due to Cystitis (Purulent)

Due to "

Other conditions Chronic Myocarditis

Arthritis. Adenoma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION (1939) Dec. same

1938

1936

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Hurst M. D. or other

Address Chesterlawn Date signed Jan 31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH ✓

0736

Reg. Dist. No. 2-10

1. PLACE OF DEATH:
County Kent Co.
City or town Millington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent Co.
City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie E. Hines

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1887 January 2.

8. AGE: Years	Months	Days	If less than one day
53	—	24	hrs. min.

9. Birthplace Millington Kent Co. Md.
(Town, county, and state)

10. Usual occupation —
11. Industry or business —

FATHER 12. Name Samuel Hines
13. Birthplace Virginia

MOTHER 14. Maiden name Blanche Turner
15. Birthplace Queen Annes

16. Informant Howard W. Hines
Address Millington Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30-1940 (month) (day) (year)
Cemetery or crematory John Wesley Cem.
Location Millington Md.

18. Funeral director B. R. Fellows
Address Millington Md.

19. Jan. 30 1940 Meritt Brice
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25th 1940, to Jan 26th 1940, and that I last saw her alive on Jan 26th 1940.

Immediate cause of death	DURATION
Broncho Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE G. L. Blackwell M. D. or other
Address Millington Md. Date signed Jan 28th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0737

1. PLACE OF DEATH (926)

County Kent Registration Dist. No. 207

Village or City Massey No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Noah E. Jones

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Jones

6. DATE OF BIRTH (month, day, and year) Feb. 27/1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 12/30/39 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Tiza Dutton

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mamie Jones
(Address) Massey.

18. BURIAL, CREMATION, OR REMOVAL
Place Gold. Date Jan 4, 1940

19. UNDERTAKER W. H. Good
(Address) Millington Md

20. FILED 1/8, 1940 M. Price Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 1st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1939, to Jan 1st, 1940

That I saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Other Contributory Causes of importence:	

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. C. Copeland M. D.

(Address) Millington

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0738

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Kennardtown Chestertown #RR 3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 73 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Near Chestertown RR #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Pd. Between Pomona & Burn Mill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Ellen Kennard.

3. (b) Social Security Number: No.

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: (late) Thos. Kennard

Dead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 15 1866

8. AGE: Years: 73 Months: 6 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace: Quaker Neck Kent Co Md.
(Town, county, and state)

10. Usual occupation: Housekeeping

11. Industry or business: Home

FATHER
12. Name: Thomas Huston
13. Birthplace: Kent Co. Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Samuel T. Kennard.

Address: 227 South Queen St Chestertown Md.

17. Burial (Burial, cramation, or removal. Which?) Date thereof: Jan. 14, 1940 (month) (day) (year)

Cemetery or crematory: Pomona

Location: Pomona near Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown, Maryland.

19. Jan. 12. 1940 (Date rec'd by registrar) Alice R. Smale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 11 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend her Mortgage 5 & Deceased certificate as Deputy medical examiner

and that I last saw alive on ____ 19__

Immediate cause of death: Burned to death

Due to: Where house was destroyed by fire

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: June 11/40

Where did injury occur? Chestertown (City or town) R.D. (County) Kent (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Fire Injured at work? No

23. SIGNATURE: Frank Hill Deputy med. Examiner Kent Co Md M. D. or other

Address: Chestertown Md Date signed: Jan 11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1948
BUREAU V. S.

0739

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 402

1. PLACE OF DEATH:

County: KENT

City or town: CHESTERTOWN
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: CANNON, St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD. County: KENT

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cannon St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ETTA KNIGHT

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles Knight

6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Mar 13 1903

8. AGE: Years: 36 Months: 10 Days: 8 If less than one day: hrs. min.

9. Birthplace: Quaker Neck Kent Co. Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown.
13. Birthplace

MOTHER
14. Maiden name: Annie (Haggish) Kennard
15. Birthplace: Kent Co. Maryland.

16. Informant: Charles Knight
Address: Cannon St. Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 24 1940 (month) (day) (year)

Cemetery or crematory: Quaker Neck Rd. Cem.

Location: Chestertown, Md.

18. Funeral director: Ralph H. Wilton Inc.
Address: Chestertown, Md.

19. Jan. 23, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 21 1940, and that I last saw her alive on June 1/20 1940.

Immediate cause of death: Pneumonia, Labor.

DURATION: 5 days

Due to

Due to

Other conditions: General debility from chronic staphylococcus infection, Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Dr. Wm. Richmond
M. D. or other
Address: Chestertown Date signed: 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

CERTIFICATE OF DEATH

0740

Reg. Dist. No. 113

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Piney Neck near Rock Hall

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): several months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Penna. County: —

City or town: Media Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: John L. Pennington

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Wh	widowed

6 (b) Name of husband or wife: Georgeanna Pennington

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 13 1875

8. AGE: Years: 64 | Months: 6 | Days: 6 | If less than one day: — hrs. ____ min.

9. Birthplace: Elkton, Md (Town, county, and state)

10. Usual occupation: retired

11. Industry or business: —

FATHER — 12. Name: Frank E. Pennington

FATHER — 13. Birthplace: Middletown, Del

MOTHER — 14. Maiden name: Fanny F. Smith

MOTHER — 15. Birthplace: Philadelphia, Pa

16. Informant: Brother Ed. Pennington

Address: Rock Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-22-40 (month) (day) (year)

Cemetery or crematory: Media Cemetery

Location: Media Penna

18. Funeral director: Mrs. L. J. Quinsley & Son

Address: Media Penna.

19. Jan. 19 1940 (Date rec'd by registrar) Mrs. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 19 1940, at 4:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Jan 19 1940, and that I last saw h— alive on Jan 17 1940

Immediate cause of death	DURATION
Chron Endo-Myocarditis	
Decompensation	
Due to	
Due to	
Other conditions: Hypertension	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Albert C. Burgard M.D. (M. D. or other)

Address: Rock Hall, Md Date signed: 1/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 29 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(948)

0741

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Still Pond Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Still Pond Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ruth Pennington

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or ~~wife~~: William L Pennington

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): May 8 1879

8. AGE: Years: 60 | Months: 8 | Days: 2 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Kent County (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER 12. Name: William A Wood

13. Birthplace: Kent Co

MOTHER 14. Maiden name: Sarah Miller

15. Birthplace: Kent Co

16. Informant: William L Pennington

Address: Kent Co

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 13 1940 (month) (day) (year)

Cemetery or crematory: Still Pond

Location: Still Pond

18. Funeral director: B R Fallows

Address: Still Pond Md

19. Jan 13 1940 (Date rec'd by registrar) J H Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 10 1940, at 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1939, to Jan 10 1940, and that I last saw h— alive on Jan 10 1940.

Immediate cause of death: Cancerous peritonitis — DURATION: 3 months

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE H G Simpson M. D. or other

Address Chestertown Date signed 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) I

FEB 2 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

CERTIFICATE OF DEATH

0742

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Betterton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ~~None~~
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Betterton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ~~None~~
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lotan Holland Rasin

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single~~, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband~~ or Wife Sarah F Rasin
6(c) If alive, give age ~~—~~ years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1869.

8. AGE: Years 70 | Months 11 | Days 5. | If less than one day ~~—~~ hrs. ~~—~~ min.

9. Birthplace near Still Pond Md Kent Co
(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business

FATHER 12. Name Thomas Rasin
13. Birthplace Still Pond Kent Co

MOTHER 14. Maiden name Martha E Holand
15. Birthplace Maryland.

16. Informant Mabel C Wilmore
Address 220 Maple Ave Lansdowne Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 9 1940 (month) (day) (year)
Cemetery or crematory Still Pond Cemetery
Location Still Pond Md.

18. Funeral director B. R. Fellows.
Address Still Pond Md.

19. Jan 9 1940 (Date rec'd by registrar) J. H. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24th 1939, to Jan 6 1939-40
and that I last saw h~~im~~ alive on Jan 6th 1940

Immediate cause of death	DURATION
Heart Failure	
Due to	
Due to	
Other conditions Chronic Interstitial Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. P. Atwell M. D. or other
Address Still Pond Date signed Jan 7th

RECEIVED
FEB 5 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

0743

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Rural, near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Early life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Florence Shepherd

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-10-1871

8. AGE: Years 68 | Months 5 | Days 6 | If less than one day — hrs. — min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name John W. Shepherd
13. Birthplace Altoona Pa

MOTHER
14. Maiden name Annie Riley
15. Birthplace Maryland

16. Informant Mrs Ronnie Byron
Address Chestertown, Md (Sister)

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 1 21 1940 (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown Md

18. Funeral director Ralph H Usilton, Inc
Address Chestertown Md

19. Jan. 19 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1938, to Jan 17 1940, and that I last saw her alive on Jan 17 1940.

Immediate cause of death Carcinoma of breast

DURATION 2 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpson M. D. or other

Address Chestertown Date signed 1-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0744

CERTIFICATE OF DEATH

Reg. Dist. No. 2 2

1. PLACE OF DEATH: Kent

County Enroute from Church Hill to

City or town Chestertown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Barclay Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Stannford - #1

3. (b) Social Security Number

4. Sex Unknown

5. Color or race Colored.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-40

8. AGE: Years | Months | Days | If less than one day 0 hrs. 0 min.

9. Birthplace Enroute from Church Hill to Chestertown, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name John Stannford

13. Birthplace Queen Anne Co.

MOTHER 14. Maiden name Ethel Johnson

15. Birthplace Queen Anne Co.

16. Informant John Stannford

Address Barclay, Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Disposed of by mother

Location

18. Funeral director

Address

19. Jan. 24 1940 (Date rec'd by registrar) Alice R. Simmons Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940, at 1:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/20 1940, to 1-20 1940, and that I last saw him alive on 1-20 1940.

Immediate cause of death Intra uterine asphyxia

Due to Prematurity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert W. Farr M. D. or other

Address Chestertown Md. Date signed 1-20-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0745

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent

County En route from Church Hill

City or town Chestertown Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Barclay Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Stanford #2

3. (b) Social Security Number

4. Sex unknown

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Premature (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name John Stanford

13. Birthplace Queen Anne Co.

MOTHER 14. Maiden name Ethel Johnson

15. Birthplace Queen Anne Co.

16. Informant John Stanford

Address Barclay Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Disposed of by mother

Location

18. Funeral director

Address

19. Jan. 24. 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1940, at 12 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-20 1940, to 1-20 1940, and that I last saw her alive on 1-20 1940.

Immediate cause of death Prematurity

Intrauterine asphyxia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert W. Fan M. D. or other

Address Chestertown Md. Date signed 1-20-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0746

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131-P)

County Kent — Registration Dist. No. 202

Village or City Chestertown — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 6 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas, H. Wilson

(a) Residence: No. 101 Boardwalk St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Wilson.

6. DATE OF BIRTH (month, day, and year) Aug 19-85

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54 1885	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General

10. Data deceased last worked at this occupation (month and yaar) 1 yrs. — 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Queens Anna Co Md.

FATHER

13. NAME Perry Wilson

14. BIRTHPLACE (city or town) (State or country) Queens Anna Co Md.

MOTHER

15. MAIDEN NAME Mary Camile

16. BIRTHPLACE (city or town) (State or country) Queens Anna Co Md.

17. INFORMANT Etta Wilson (Address) 101 Boardwalk. Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL Burial.

Place Richneck Md. Date 1-21 1940

19. UNDERTAKER Lewis A. Henry (Address) 222 Cedar St Cambridge Md.

20. FILED Jan 17. 1940 Alice C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 17 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1939 to Jan 17 1940

I last saw him alive on Jan 15 1940; death is said to have occurred on the date stated above, at 3:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	about 1 year

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmad diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) ____ M. D.

(Address) H. B. Simmons

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 3 1940 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN